

DEC

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

P. O. Box 10631

Jackson, MS 39289-0631

WATER WELL DRILLERS LOG

COUNTY WELL LOCATED
WAYNE

WELL NUMBER CODED
M-130

DATE WELL COMPLETED
12-02-03

PERMIT NUMBER
MSW-15905

NAME OF DRILLING FIRM
A-1 DRILLING SERV

LAUREL, MS 39443

NAME & MAILING ADDRESS OF LANDOWNER
WHISTLER WATER ASSN

7 BEAT 4-SHUBUTA RD

WAYNESBORO, MS 39367

Latitude:

Longitude:

WELL LOCATION. SEC TOWNSHIP RANGE
Center 1/2 Sec 11 @ N 8 W

DISTANCE DIRECTION NEAREST TOWN
2-3 Miles SE of WHISTLER

OTHER LANDMARK
@ #2 ELEV. TANK SITE

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.

PUMP DATA

PUMP TYPE (Circle One):
Submersible Turbine, Jet Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, Diesel, Gasoline, Butane,
Other (Describe) **30 H/P 460V-3Ø**

DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
<u>Sandy top soil</u>	0	1
<u>Clay, red, sandy</u>	1	18
<u>Sand & pea gravel</u>	18	110
<u>Clay, sandy, gray-white</u>	110	112
<u>Sand & pea gravel</u>	112	165
<u>Sand, tan, coarse</u>	165	202
<u>Pea gravel, sand</u>	212	244
<u>clay, gray</u>	244	246

WELL DATA **GL**

Well Depth 244'	Casing Diameter (In.) 16	Casing Length (Ft.) 199
Type of Casing EPOXY	Hole Depth 246'	Depth to Static Water Level 100.4'
TYPE OF COMPLETION: (Circle One or More): <u>Gravel Packed</u> , <u>Underreamed</u> , Telescoped, Natural Development, Open Hole, Other (Describe) 16/30 sand filter		
WELL GROUTED TO A DEPTH OF 197 FEET Type Grout (circle one): <u>Cement</u> , Bentonite, or Mix		

SCREEN DATA

Diameter - Inches 10" ID	Length - Feet 41.83'	Slot Size - Inches .015
Screen Type Barweld ss	Depth to Bottom - Feet 244	

RECEIVED

DEC 10 2003

BY: OLWF

Top of Lap Pipe or Reduction in Casing
138.67 FEET

IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

[Signature] **0410**

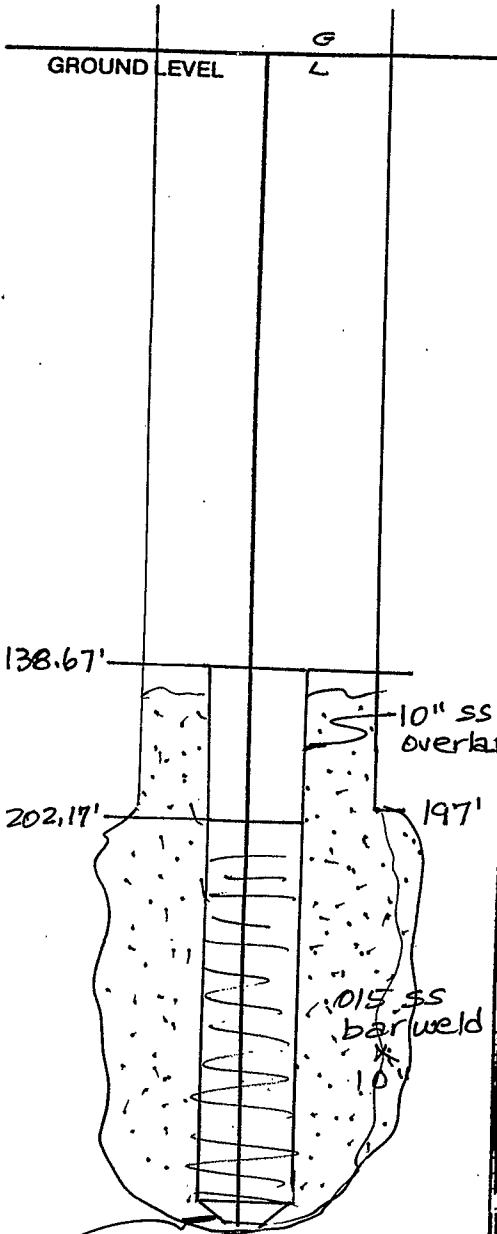
Signature of Licensed Driller and License No.

12-07-03

Date

Additional Information Required On Back

If well telescopes please sketch and show depths.



If more than one screen, show location of each on sketch.

SECTION _____

Please indicate well location X.

Pump Capacity (GPM)	No. of Stages	Setting Depth	FT.

PUMP TEST

Well yielded _____ GPM with a drawdown of _____ ft. after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): No Log Run, Electric, Gamma Ray, Density, Sonic, Neutron, Other (Describe) _____

Name of Organization Running Log _____

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

10" x 8" SS w/SS bottom plate